CAMP		7	ND EXPENSES REPORT	Stat	e of Nevada
	FreePort Blu	o STI	Office (f applicable) #4 Sparts, NJ 899	13/ 775 6	Unstoele District (If applicable) 284-1983
Mailing Add	gress (include city and zin code)	.Cor	7	Telephone No.	
Select App	propriate Box(es) CANDIDAT	E PAC	□BAG □ POLPRTY □ IND EXP	MENDED 1	NNUAL FILING
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incumbert	Report #1 — Due Augu s in an Office with a 4-year term	st 31, 20 Period:	04 Jan. 5, 2001 — Aug 26, 2004	1/14	X
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	Report #2 Due — Octob	per 26, 20 Period:	204 Aug. 27, 2004 — Oct. 21, 2004	FOR O	FFICE USE ONLY
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*Third R	Period: January 1, 2004 – eport suffices for 2005 An	nual Filin	31, 2004 g If candidate also filed Report No	s. 1 and 2	
3	CONTRIBUTIONS	SUMMA	RY	This Period	Cumulative From Beginning of Report Period #1 through End of This
 1. *	Total Monetary Contributions R	eceived in	Excess of \$100		Reporting Period
	Total Monetary Contributions R			0	-32 93
			This Period Cumulative From Beginning of Report Period & Through End of This Reporting		
. 1	otal Amount of Monetary Co Received Add Lines 1 and 2)	ntributions	Period		7566
4. T	otal Value of In Kind Contributi Excess of \$100	ons Receiv	ed in OOO		,
	Section 1985	. क. भावे	EXPENSES SUMMARY		a. A. Salik wa
	otal Monetary Expenses Paid in		•	<u> 0</u>	0
7. To	otal Monetary Expenses Paid of tal Amount of All Monetary E dd Lines 5 and 6)	\$100 or Le expenses P	ess aid	0	754
8. To	tal Value of in Kind Expenses i of \$100	n Excess	00		/0'-
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Jouane Un	der Penalty of Perjury That	ine Foreg	oing is True and Correct.	,	/
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- DHINLWIGH COL		مناوع المناه المراجع والمناهدة والمراجعين	ရိုင္း လူသည္။ လူသည္။ မေတြကို မွာ လူသည္။ လူသည္။ လူသည္။ လူသည္။ လူသည့္သည္ကို လူသည္။ လူသည္။ လူသည္။ လူသည္။ လူသည္။ လူသည္။ လူသည့္	
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E/IZABeTh	ANNON-LYN	ren bisionuye	ary -11	WHUNDELES
Name (asiat)		Office (if applicable)		· District (if applicable)
Name (print)		Office (in applicable)		manar (n. alakmanana)

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Amount of All Campaign Contributions to Line 1 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH CONTRIBUTION	AMOUNT OF EACH CONTRIBUTION	CHECK HERE IF LOAN
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Revised: Jan-04 PAGE 2 OF 7

CAMPAIGN EXPENSES	And the second s	and and a second control of the second contr	Report Period # 3
FLYARATE CANNON.	Lyuch DIST JAD	ge Deff#11	Washoe Co
Name (print)	Office (if applicable)		District (if applicable)

Expense Categories

CATEGORIES	CODE
Office expenses	Α
Expenses related to volunteers	В
Expenses related to travel	С
Expenses related to advertising	D
Expenses related to paid staff	E
Expenses related to consultants	F
Expenses related to polling	G
Expenses related to special events	. H
** Goods and services provided in kind for which money would otherwise have been paid	1
Other miscellaneous expenses	J
Expenses related to NRS 294A.160 (Disposition of Unspent Contributions)	к

^{**} NRS 294A.362 requires "In Kind" contributions and expenses to be reported on a separate form, which is attached.

Elizabeth Cankon - Lyach 215T JADGE Dept #11
Name (print)
Office (if applicable)

District (if applicable)

Expenses in Excess of \$100
Transfer Total Amount of All Campaign Expenses to Line 5 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE PAYMENT FOR THE EXPENSE(S)	CATEGORY (See Previous Page) NRS 294A 365	DATE OF EACH EXPENSE	AMOUNT OF EACH EXPENSE
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IN KIND CAMPAIGN CONTRIBUTIONS	and an employment of the second	بالمستقل فيستم كالمراج والقارسين والسيارة		Report Period	#3
-1	won -Lynch	DIST JUDGE	DEPT#11	·	selo.
Name (print)		fice (if applicable)		District (if ap	plicable)

IN KIND

Contributions in Excess of \$100 or, When Added Together from One Contributor Exceeds \$100 Transfer Total Value of All in-Kind Campaign Contributions to Line 4 of Contributions Summary

CONTRIBUTOR'S NAME AND ADDRESS	DATE OF EACH IN KIND CONTRIBUTION	DESCRIPTION OF EACH IN KIND CONTRIBUTION	VALUE OR COST OF EACH IN KIND CONTRIBUTION	CHECK HERE IF LOAN
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IN KIND CAMPAIGN EXPENSES	· · · · · · · · · · · · · · · · · · ·			Report Period	*3
	ANNON-LUNCH	DISTU	VIDGE DE		nn lo
Name (print)	Office (if ap	plicable)	7	District (if ap	plicable)

IN KIND

Expenses in Excess of \$100 Transfer Total Value of All in-Kind Campaign Expenses to Line 8 of Expenses Summary

NAME AND ADDRESS OF PERSON, GROUP OR ORGANIZATION WHO RECEIVED THE IN KIND GOOD(S) OR SERVICE(S)	DESCRIPTION OF EACH IN KIND EXPENSE	EACH IN KIND EXPENSE	VALUE OR COST OF EACH IN KIND EXPENSE
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